

PROOF OF CLAIM

Chapter 13
Bankruptcy Case No.

U.S. COURTS
AUG 28 PM 1:38

Name of Debtor
Geo Willet (Bill) Roark

01-02073

OK

A. CREDITOR INFORMATION

(The creditor is the person or other entity to whom the debtor owes money or property)

Name and Address of Creditor
ASSET ACCEPTANCE CORP
P.O. BOX 7036
WARREN, MI 48090-2036

Assignee
M BNA
American
Bank

- Check box if you never received any notices from the bankruptcy court in this case.
- Check box if this address differs from the address on the envelope sent to you by the court.
- Check box and attach copy of assignment if claim has been assigned to you.

THIS SPACE IS FOR COURT USE ONLY

Number by which creditor identifies debtor:

#2220194

- Check here if this claim
 - replaces
 - amends a previously filed claim dated: _____
 - supplements

B. CLAIM INFORMATION

BASIS FOR CLAIM

- Goods purchased
- Services performed
- Money loaned
- Other terms of contract (Identify)
- Personal injury/Wrongful death/Property damage
- Other (Describe briefly)

Wages, Salaries and Commissions (Fill out below)

Your social security number _____

Unpaid services performed from _____ to _____ 19__

Nature of services (Describe briefly)

DATE DEBT WAS INCURRED

11/8/94

CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Priority, (3) Secured. It is possible for a claim to be partly in one category and partly in another—such as wage claim which may be a priority claim for the first \$2,000 and an unsecured nonpriority claim for the balance. Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim. FILL IN THE AMOUNT OF THE CLAIM.

UNSECURED NONPRIORITY CLAIM \$ 15,161.43

For the purposes of this form, a claim is unsecured if there is no collateral, or if the extent the value of collateral is less than the amount of the debt.

PRIORITY CLAIM \$

- Specify the priority of the claim by checking the appropriate boxes:
- Wages, salaries or commissions (up to \$2,000, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business—whichever is earlier)—11 U.S.C. §507(a)(3)
 - Contributions to an employee benefit plan—11 U.S.C. §507(a)(4)
 - Up to \$900 of deposits toward purchase, lease, or rental of property or service for personal, family or household use—11 U.S.C. §507(a)(6)
 - Taxes or penalties of governmental units—11 U.S.C. §507(a)(7)
 - Other specify:

SECURED CLAIM \$

Attach evidence of perfection of security.

Brief Description of Collateral:

Real Estate Motor Vehicle Other

NET TOTAL AMOUNT OF CLAIM \$ 15,161.43 (Unsecured) + \$ _____ (Secured) = \$ 15,161.43 (Total)

Attach copies of documents in support of this claim, such as purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

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This form should not be used to make a claim for expenses incurred after the filing of the bankruptcy petition. Such expenses may be paid only upon proper application and notice pursuant to 11 U.S.C. §503.

DEBITS AND SETOFFS: Attach an itemization of all amounts and dates of payments which have been credited against debt. Set forth any setoff or counterclaim which the debtor may have against your claim.

When you receive an acknowledgment of the receipt of your claim, enclose a stamped, self-addressed envelope and a copy of this claim.

C. CERTIFICATION

I, undersigned, certify under penalty of perjury that the debtor named above is indebted to the claimant in the amount stated, that there is no security for the debt other than that stated above or in an attachment to this form, that no unmaturing debt is included, and that the undersigned is authorized to make this claim.

Sign and Print the Name and Title, if any, of the Creditor or Other Person Authorized to File this Claim (attach copy of power of attorney, if any)

8/9/01

Wm Nanno, Attorney

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AFFIDAVIT OF ACCOUNT

STATE OF MICHIGAN
COUNTY OF MACOMB

Debtors Name: *asa w Roark*
Account Number: *#2220194*
Original Creditor: *MBNA American Bank*

N. F. Bradley, being sworn, deposes and says that he is the President of Asset Acceptance Corp., (creditor) the corporation is a Michigan corporation located at PO Box 2036 Warren, MI 48090. The affiant is authorized to make the statements herein pursuant to authority granted by the corporation. The corporations' business records show that there is due and payable on account *43130206273428* the amount of \$ *15,161.43* as of this date on a debt originally held by *MBNA American Bank* and assigned to the corporation in the normal course of business by the original creditor or their lawful assignee. The affiant states that to the best of his knowledge, information and belief there are no uncredited payments, counter claims or offsets against said debt. Said account has been assigned, transferred and sold to Asset Acceptance Corp with full power and authority to do and perform all acts necessary for the collection, settlement, adjustment, compromise or satisfaction of said claim. Further, the undersigned acknowledges that in making the assignment, Asset Acceptance Corp is now the owner of this account, and has complete authority to enforce the rights of the original creditor with the debtor, and that the assignor or original creditor has no further interest in said debt for any purpose.

Dated *9th* day of *aug* 2001.

By: *[Signature]*
Asset Acceptance Corp.
N F Bradley
PO Box 2036 Warren, MI 48090

Subscribed and sworn to before me this *9th* day of *aug* 2001.

[Signature]
Notary Public
William H. Narro
My Commission Expires: *May 11, 2004*

William H. Narro
Notary Public, State of Michigan
Wayne County acting in Macomb County
Commission Expires May 11, 2004